

Fill in this information to identify the case:

Debtor Kan-Di-Ki, LLC

United States Bankruptcy Court for the: Southern District of New York

Case number 19-10391  
(if known)

☒ Check if this is an amended filing

## Official Form 206Sum

# Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

#### 1. *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)

##### 1a. Real property:

Copy line 88 from *Schedule A/B* .....

N/A

##### 1b. Total personal property:

Copy line 91A from *Schedule A/B* .....

N/A

##### 1c. Total of all property:

Copy line 92 from *Schedule A/B* .....

N/A

### Part 2: Summary of Liabilities

#### 2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* .....

N/A

#### 3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206EF)

##### 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 6a of *Schedule E/F* .....

N/A

##### 3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F* .....

+

UNKNOWN

#### 4. Total liabilities .....

Lines 2 + 3a + 3b

UNKNOWN

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## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

#### ADDITION

3.13 Nonpriority creditor's name and mailing address

ALBERTY, WADE  
1100 NOBLE AVE  
CARROLLTON, TX 75006

Date or dates debt was incurred

Last 4 digits of account number: 2529

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

INSURANCE CLAIM - AUTOMOBILE

Is the claim subject to offset?

- ☒ No  
☐ Yes

UNKNOWN

#### ADDITION

3.30 Nonpriority creditor's name and mailing address

ARDILA, PATRICIA  
2226 THURMAN AVE  
LOS ANGELES, CA 90016

Date or dates debt was incurred

Last 4 digits of account number: 0817

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

INSURANCE CLAIM - WORKERS  
COMPENSATION

Is the claim subject to offset?

- ☒ No  
☐ Yes

UNKNOWN

#### ADDITION

3.34 Nonpriority creditor's name and mailing address

ARTHUR, BRANT  
3355 MONTGOMERY DR  
SANTA ROSA, CA 95404

Date or dates debt was incurred

Last 4 digits of account number: 6640

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Basis for the claim:

INSURANCE CLAIM - AUTOMOBILE

Is the claim subject to offset?

- ☒ No  
☐ Yes

UNKNOWN

**Part 2:** Additional Page

Amount of claim

**ADDITION****3.57 Nonpriority creditor's name and mailing address**

BONDOC, ALEJANDRO G  
2205 SANTA FE AVE.  
LONG BEACH, CA 90810

**Date or dates debt was incurred****Last 4 digits of account number:** 5017**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION****3.68 Nonpriority creditor's name and mailing address**

BURGDORF, PATRICIA L  
1961 REDWOOD DR  
SANTA CRUZ, CA 95060

**Date or dates debt was incurred****Last 4 digits of account number:** 1029**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION****3.69 Nonpriority creditor's name and mailing address**

BUSI, CAROLINE H  
4946 S PRINCE CT 304  
DENVER, CO 80218

**Date or dates debt was incurred****Last 4 digits of account number:** 5471**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION****3.72 Nonpriority creditor's name and mailing address**

CAIN, MY-COLE A  
PO BOX 200824  
SAN ANTONIO, TX 78220

**Date or dates debt was incurred****Last 4 digits of account number:** 5973**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 2:** Additional Page

Amount of claim

**ADDITION**

3.77 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN  
 CANSECO, REYNA  
 1151 MARYLAND DR  
 VISTA, CA 92081  
*Check all that apply.*  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
**Date or dates debt was incurred**  
**Last 4 digits of account number:** 3873  
**Basis for the claim:**  
 INSURANCE CLAIM - WORKERS  
 COMPENSATION  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**ADDITION**

3.149 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN  
 EJIM, KATRINA  
 2770 N. STATE HWY  
 GRAND PRAIRIE, TX 75050  
*Check all that apply.*  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
**Date or dates debt was incurred**  
**Last 4 digits of account number:** 2529  
**Basis for the claim:**  
 INSURANCE CLAIM - AUTOMOBILE  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**ADDITION**

3.161 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN  
 ESPINOZA CHAVEZ, VANESSA  
 601 E HARVARD ST  
 GLENDALE, CA 91205  
*Check all that apply.*  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
**Date or dates debt was incurred**  
**Last 4 digits of account number:** 5149  
**Basis for the claim:**  
 INSURANCE CLAIM - WORKERS  
 COMPENSATION  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**ADDITION**

3.164 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN  
 FARJE, CAROLA  
 14124 BALLENTINE PL  
 BALDWIN PARK, CA 91706  
*Check all that apply.*  
☒ Contingent  
☒ Unliquidated  
☒ Disputed  
**Date or dates debt was incurred**  
**Last 4 digits of account number:** 9685  
**Basis for the claim:**  
 INSURANCE CLAIM - WORKERS  
 COMPENSATION  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Part 2:** Additional Page

Amount of claim

**ADDITION**3.177 **Nonpriority creditor's name and mailing address**

FREEMAN, KAAHA  
5239 EISENHauer RD  
APT 123  
SAN ANTONIO, TX 78218

**Date or dates debt was incurred****Last 4 digits of account number:** 5152**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.181 **Nonpriority creditor's name and mailing address**

GABRIEL, CYNTHIA B  
634 OAKLAND AVE APT 13  
OAKLAND, CA 94611

**Date or dates debt was incurred****Last 4 digits of account number:** 6066**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.183 **Nonpriority creditor's name and mailing address**

GALLIMORE, NATHANIEL

**Date or dates debt was incurred****Last 4 digits of account number:** 7871**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.197 **Nonpriority creditor's name and mailing address**

GRAJEDA, MARIA  
C/O SCHUERING, ZIMMERMAN & DOYLE LLP  
ATTN: PRESTON R. YOUNG  
400 UNIVERSITY AVENUE  
SACRAMENTO, CA 95825

**Date or dates debt was incurred****Last 4 digits of account number:** 9-01**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 2:** Additional Page

Amount of claim

**ADDITION**

3.201 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN  
 HALL, TERRI  
 C/O LAWYERS FOR EMPLOYEE & CONSUMER RIGHTS  
 4100 W. ALAMEDA AVE, 3RD FLOOR  
 BURBANK, CA 91505  
**Date or dates debt was incurred**  
**Last 4 digits of account number:**

*Check all that apply.*  
☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**  
 EMPLOYMENT PRACTICES CLAIM

**Is the claim subject to offset?**  
☒ No  
☐ Yes

**ADDITION**

3.218 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN  
 HIGGINS, KELLE L  
 9592 KATELLA DRI  
 ANAHEIM, CA 92804  
**Date or dates debt was incurred**  
**Last 4 digits of account number:** 3213

*Check all that apply.*  
☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**  
 INSURANCE CLAIM - WORKERS  
 COMPENSATION

**Is the claim subject to offset?**  
☒ No  
☐ Yes

**ADDITION**

3.241 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN  
 JOHNSON, MARTHA  
 42452 BISCAY STREET  
 LANCASTER, CA 93536  
**Date or dates debt was incurred**  
**Last 4 digits of account number:** 6213

*Check all that apply.*  
☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**  
 INSURANCE CLAIM - WORKERS  
 COMPENSATION

**Is the claim subject to offset?**  
☒ No  
☐ Yes

**ADDITION**

3.254 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN  
 KRUSE, ARLENE L  
 4825 E NEWTON DR  
 LAS VEGAS, NV 89121  
**Date or dates debt was incurred**  
**Last 4 digits of account number:** 2805

*Check all that apply.*  
☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**  
 INSURANCE CLAIM - WORKERS  
 COMPENSATION

**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Part 2:**

## Additional Page

Amount of claim

**ADDITION**3.262 **Nonpriority creditor's name and mailing address**LARRAZOLO, ALEJANDRA  
1217 KENTUCKY ST  
VALLEJO, CA 94590**Date or dates debt was incurred****Last 4 digits of account number:** 0445**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**INSURANCE CLAIM - WORKERS  
COMPENSATION**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**DELETED**3.271 **Nonpriority creditor's name and mailing address**

LIU, TOM

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

LITIGATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.276 **Nonpriority creditor's name and mailing address**LUGTU, GLADYS  
4521 NILAND STREET  
UNION CITY, CA 94587**Date or dates debt was incurred****Last 4 digits of account number:** 1562**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**INSURANCE CLAIM - WORKERS  
COMPENSATION**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.279 **Nonpriority creditor's name and mailing address**MARAMBA, AZAREA  
4431 COOKTOWN COURT  
NORTH LAS VEGAS, NV 89032**Date or dates debt was incurred****Last 4 digits of account number:** 5941**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 2:** Additional Page

Amount of claim

**ADDITION**3.280 **Nonpriority creditor's name and mailing address**MARAMBA, KORAL  
4431 COOKTOWN COURT  
NORTH LAS VEGAS, NV 89032**Date or dates debt was incurred****Last 4 digits of account number:** 5941**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.281 **Nonpriority creditor's name and mailing address**MARAMBA, RONETTE  
4431 COOKTOWN COURT  
NORTH LAS VEGAS, NV 89032**Date or dates debt was incurred****Last 4 digits of account number:** 5941**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.282 **Nonpriority creditor's name and mailing address**

MARTINEZ-VOLASCO, ADAN

**Date or dates debt was incurred****Last 4 digits of account number:** 7871**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.315 **Nonpriority creditor's name and mailing address**MORA, JULIETA M  
11047 STRATHERN ST APT 1  
SUN VALLEY, CA 91352**Date or dates debt was incurred****Last 4 digits of account number:** 2246**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**INSURANCE CLAIM - WORKERS  
COMPENSATION**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN



**Part 2:** Additional Page

Amount of claim

**ADDITION**3.325 **Nonpriority creditor's name and mailing address**

NGUYEN, ALANA T  
2105 PROVENMILL WAY  
SAN JOSE, CA 95121

**Date or dates debt was incurred****Last 4 digits of account number:** 4358**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.333 **Nonpriority creditor's name and mailing address**

OWENS, AUDREY  
194 REGAL SUNSET AVE  
HENDERSON, NV 89002

**Date or dates debt was incurred****Last 4 digits of account number:** 7375**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.334 **Nonpriority creditor's name and mailing address**

OWENS, EMMA  
194 REGAL SUNSET AVE.  
HENDERSON, NV 89002

**Date or dates debt was incurred****Last 4 digits of account number:** 7375**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.335 **Nonpriority creditor's name and mailing address**

OWENS, GABRIEL  
194 REGAL SUNSET  
HENDERSON, NV 89002

**Date or dates debt was incurred****Last 4 digits of account number:** 7375**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 2:** Additional Page

Amount of claim

**ADDITION**3.345 **Nonpriority creditor's name and mailing address**

PARKER, BILLY D  
C/O DOWNTOWN L.A. LAW GROUP, LLP  
3460 WILSHIRE BLVD., SUITE 950  
LOS ANGELES, CA 90010

**Date or dates debt was incurred****Last 4 digits of account number:** 1-01**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.394 **Nonpriority creditor's name and mailing address**

PAZ, CARMEN  
628 E 94TH ST  
LOS ANGELES, CA 90002

**Date or dates debt was incurred****Last 4 digits of account number:** 0266**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**INSURANCE CLAIM - WORKERS  
COMPENSATION**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.397 **Nonpriority creditor's name and mailing address**

PEREZ, JORGE  
C/O LAW OFFICES OF CORY J. HILTON  
5545 S. MOUNTAIN VISTA, SUITE F  
LAS VEGAS, NV 89120

**Date or dates debt was incurred****Last 4 digits of account number:** 3-02**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.408 **Nonpriority creditor's name and mailing address**

POLIDORE, DERRICK  
C/O CULTER LEGAL, A LAW FIRM  
ATTN: VERONICA CUTLER, ESQ.  
250 W. FIRST ST., SUITE 316  
CLAREMONT, CA 91711

**Date or dates debt was incurred****Last 4 digits of account number:****As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

EMPLOYMENT PRACTICES CLAIM

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**Part 2:** Additional Page

Amount of claim

**ADDITION**3.415 **Nonpriority creditor's name and mailing address**

PRECIADO-RIOS, ROSE M  
571 EAST GROVERDALE ST.  
COVINA, CA 91722

**Date or dates debt was incurred****Last 4 digits of account number:** 3185**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.424 **Nonpriority creditor's name and mailing address**

PULLMAN, JOHN

**Date or dates debt was incurred****Last 4 digits of account number:** 7871**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.430 **Nonpriority creditor's name and mailing address**

RABER JR, DARRELL  
4322 WESTBROOK RD.  
MEMPHIS, TN 38135

**Date or dates debt was incurred****Last 4 digits of account number:** 5948**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.437 **Nonpriority creditor's name and mailing address**

REILLY, PATRICIA J  
613 BENTON ST.  
APT A  
SANTA ROSA, CA 95404

**Date or dates debt was incurred****Last 4 digits of account number:** 0317**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**Part 2:**

## Additional Page

Amount of claim

**ADDITION**3.454 **Nonpriority creditor's name and mailing address**

RUANO, AURA E  
9610 E AVE S-2  
LITTLEROCK, CA 93543

**Date or dates debt was incurred****Last 4 digits of account number:** 5087**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.464 **Nonpriority creditor's name and mailing address**

SANCHEZ, MARCY  
144 CASSANDRA PLACE  
SAN RAMON, CA 94583

**Date or dates debt was incurred****Last 4 digits of account number:** 8338**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.470 **Nonpriority creditor's name and mailing address**

SANTANA, ERICA L  
11906 ALGARDI ST  
NORWALK, CA 90650

**Date or dates debt was incurred****Last 4 digits of account number:** 5025**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.493 **Nonpriority creditor's name and mailing address**

SHARMA, KAUSHAL  
1359 ESPLANADE DR.  
MERCED, CA 95348

**Date or dates debt was incurred****Last 4 digits of account number:** 6953**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 2:** Additional Page

Amount of claim

**ADDITION**3.494 **Nonpriority creditor's name and mailing address**SHARMA, PARBIN  
1359 ESPLANADE  
MERCED, CA 95348**Date or dates debt was incurred****Last 4 digits of account number:** 6953**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.495 **Nonpriority creditor's name and mailing address**SHARMA, PRIYA  
1359 ESPLANADE DR  
MERCED, CA 95348**Date or dates debt was incurred****Last 4 digits of account number:** 6953**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - AUTOMOBILE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.524 **Nonpriority creditor's name and mailing address**STANLEY, JOYCE  
632 WATER ST APT B301  
SANTA CRUZ, CA 95060**Date or dates debt was incurred****Last 4 digits of account number:** 3545**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**INSURANCE CLAIM - WORKERS  
COMPENSATION**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**ADDITION**3.529 **Nonpriority creditor's name and mailing address**SUDHAUS, VANESSA J  
3300 N DE LOS RIOS APT 12205  
TUCSON, AZ 85712**Date or dates debt was incurred****Last 4 digits of account number:** 2520**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**INSURANCE CLAIM - WORKERS  
COMPENSATION**Is the claim subject to offset?**

- ☒ No  
☐ Yes

UNKNOWN

**Part 2:**

## Additional Page

Amount of claim

**ADDITION**3.530 **Nonpriority creditor's name and mailing address**

SULEYMANOVA, RAMIDA  
7312 BALCOM AVE  
RESEDA, CA 91335-3311

**Date or dates debt was incurred**

**Last 4 digits of account number:** 0539

**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.555 **Nonpriority creditor's name and mailing address**

THORNTON, KARA  
1003 11TH ST APT 3  
MANHATTAN BEACH, CA 90266

**Date or dates debt was incurred**

**Last 4 digits of account number:** 8610

**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.581 **Nonpriority creditor's name and mailing address**

VALENCIA, JOSE A  
15035 LOS ALAMOS ST.  
MISSION HILLS, CA 91345

**Date or dates debt was incurred**

**Last 4 digits of account number:** 4799

**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.590 **Nonpriority creditor's name and mailing address**

VIRK, JOGINDER  
7413 TWIN ACRES WAY  
SACRAMENTO, CA 95829

**Date or dates debt was incurred**

**Last 4 digits of account number:** 9292

**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 2:** Additional Page

Amount of claim

**ADDITION**3.600 **Nonpriority creditor's name and mailing address**

WHITWORTH, JUSTIN M  
8941 SHELDON CREEK DR  
ELK GROVE, CA 95624

**Date or dates debt was incurred****Last 4 digits of account number:** 5721**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.601 **Nonpriority creditor's name and mailing address**

WILLIAMS, AMANDA L  
1910 FARRELL ST  
LAS VEGAS, NV 89106

**Date or dates debt was incurred****Last 4 digits of account number:** 2509**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**ADDITION**3.602 **Nonpriority creditor's name and mailing address**

WILLIAMS, XAVIA Q  
2311 SECOUNNEY AVE  
APT 22  
PORTLAND, OR 97222

**Date or dates debt was incurred****Last 4 digits of account number:** 1879**As of the petition filing date, the claim is:**

UNKNOWN

*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Basis for the claim:**

INSURANCE CLAIM - WORKERS  
COMPENSATION

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1

5a. N/A

5b. Total claims from Part 2

5b. + UNKNOWN

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. UNKNOWN

Debtor Kan-Di-Ki, LLC

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United States Bankruptcy Court for the: Southern District of New YorkCase number 19-10391  
(if known)

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/12/2019  
MM / DD / YYYY

**X**/s/ David F. Smith III

Signature of individual signing on behalf of debtor

David F. Smith III

Printed name

Chief Financial Officer

Position or relationship to debtor